PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/632908													
			AIMS AS FILED - PA (Column 1)			(Column 2)				ENTITY	OR		THAN ENTITY
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE	7	RATE	FEE
BASIC FEE						a for your				345.00	OR		690.00
TOTAL CLAIMS			30 minus 20=			. 19			X\$ 9=		OR	X\$18=	18500
INDEPENDENT CLAIMS			f minus 3 =			: 5			X39=	·	OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT]	+130=	 	1		3960
* If the difference in column 1 is less than zero, enter "0" in column 2								- 1	TOTAL		OR	+260=	101
CLAIMS AS AMENDED - PART II									·		OR	OTHER	/2600 €
	2-3-4 (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	
AMENDMENT A		REMA AFT AMEND	INING ER		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	.3	<u>Q</u> _	Minus	•• (<u> 30</u>	=0		X\$ 9=		OR	X\$18=	
AM	Independent FIRST PRESE	NTATION	S MI	Minus	PENID	ENT CLAIM	-0		X39=		OR	X78=	
	T INOT PRESE		OFM	DETIPLE DEF	ENU	ENT CLAIM		'	+130=	5	OR	+260=	
									TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
7-30 -5 (Column 1) (Column 2) (Column 3)											• •		
AMENDMENT B		REMAI AFT AMEND	NING ER		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· d	9	Minus	•• (30	= 0		X\$ [.] 9=		OR	·X\$18='	•
	Independent FIRST PRESE	NTATION	OF MI	Minus	FND	ENT CLAIM	-6		X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=		OR	+260=	
								A	TOTAL ODIT. FEE		OR,	TOTAL ADDIT. FEE	
	75 15 0 C 15 E	(Colur		24 6 6 16		olumn 2) IIGHEST	(Column 3)					•	٠
AMENDMENT C		REMAI AFT AMEND	ER		PR	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	•		Minus	••		=	lΓ	X\$ 9= ·		OR	X\$18=	
AME	Independent	NITATION	OF M	Minus	•••	ENT OF ARE	= .	 	X39=	-	OR	X78=	
	FIRST PRESE	MIATION	OF ML	CHPLE DEF	END	ENI CLAIM		'	.120		ľ	· ·	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** ADDITION TOTAL ** TOTAL ** ADDITION TO THE TOTAL ADDITION T													
•••	if the "Highest Nur If the "Highest Nur The "Highest Num	mber Previ	iously Pa	id For IN THI	S SPA	CE is less tha	n 3. enter "3."	AL	DIT. FEE	ropriate box		ODIT. FEE	